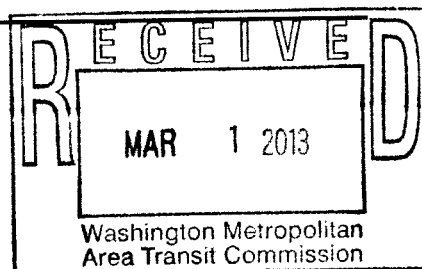


# Washington Metropolitan Area Transit Commission

## 2013 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



### 1. CARRIER INFORMATION:

1714 D.T.S. Worldwide Transportation, LLC

\*WMATC No. \*Name of Carrier (as shown on certificate of authority)

2211 Spoxerville Pk Apt./Suite City State Zip

Mailing Address (if different from street address) Apt./Suite City State Zip

\*Telephone Other Telephone Fax E-mail

### 2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

1745044 DCTC No. Virginia DMV passenger carrier No. Maryland PSC No. 3806

USDOT No.

### 3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Willie Booth Vice President of Operations

\*Name \*Title

301.476.7307 301.476.7307 willie@deluxetransportation.com

\*Telephone Other Telephone Fax E-mail

### 4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

\*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see [www.wmatc.gov](http://www.wmatc.gov).

Name of Registered Agent for Service of Process Telephone E-mail

Agent Address (must be inside Metropolitan District) Apt./Suite City State Zip

5. **\*CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

6. **\*LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. Include all required information.

Fleet No. if applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
✓	2007	Lincoln	1LN1TME4W074626184	46376B	MD	4	N
✓	2011	Lincoln	2LNBL8EVXB754557	49928B	MD	4	N
✓	2010	Lincoln	2LNBL8EVXA616841	48950B	MD	4	N
✓	2010	Chevy	1GN1KHE0347140953	47249B	MD	6	N
✓	2012	Cadillac	1GYS4GEF2CR289024	35561B	MD	6	N
✓	2010	Chevy	1GN1KHE32AP164335	48563B	MD	6	N
✓	2002	Ford	1FMNU43542EA20874	43185B	MD	6	N
✓	2012	Ford	1FB5S3BL4CDA00578	08739P	MD	12	N

7. **\*CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

\_\_\_\_\_  
\*Name (type or print)

\_\_\_\_\_  
\*Signature

\_\_\_\_\_  
\*Title (not required for sole proprietors)

\_\_\_\_\_  
\*Date

5. **\*CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

6. **\*LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. Include all required information.

Fleet No. if applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
✓	2005	Ford	1FDAF56P5EC98682	0885P	MD	31	N
✓	2012	Ford	1FDDE4F55CDA21737	08752P	MD	24	N
✓	2011	Ford	1FDDE4F58BDB22711	08753P	MD	24	N
✓	2007	Ford	1FDXE45P17DA88866	07751P	MD	24	N
✓	2005	Lincoln	1L1FM86W351685814	03852LM	MD	8	N
✓	2006	Lincoln	1L1FM86W661685475	03851LM	MD	8	N
✓	2007	Lincoln	1L1FM86W471684138	03852LM	MD	8	N
✓	2011	Lincoln	2LNBL8EV78X75213	52059B	MD	4	N
	2011	Lincoln	2LNBL8EV7BX759375	51093B	MD	4	N

7. **\*CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Willie Cook

\*Name (type or print)

VP of Operations

\*Title (not required for sole proprietors)

Willie Cook

\*Signature

2/27/13

\*Date